



## Missouri Pharmacy Program – Preferred Drug List



### ***Oral AntiDiabetics: Alpha-Glucosidase Inhibitors***

***Effective 04/13/2005***

Revised 01/04/2007

#### **Preferred Agents**

- Precose®
- Glyset®

#### **Non-Preferred Agents**

| <b><u>Approval Criteria</u></b>              | <b><u>Denial Criteria</u></b>                    |
|--|--|
| N/A  | N/A  |
| All agents within class are preferred agents | Drug Prior Authorization Hotline: (800) 392-8030 |